## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Numb

|             |  |   |                       |                                 |                      |                   |                     |                        | 600                    | <u> </u> | 140                 | J                  |
|-------------|--|---|-----------------------|---------------------------------|----------------------|-------------------|---------------------|------------------------|------------------------|----------|---------------------|--------------------|
|             |  | CLAIMS                                    | AS FILED              | - PART                          | 1                    |                   |                     | SMALL E                | NTITY                  |          | OTHE                |                    |
| _           |  |   | (Colum                | n 1)                            | (                    | Column 2)         |                     | TYPE                   |                        | OR       | SMALL               | ENT                |
| ГО          | TAL CLAIMS   | S .                                       | /0                    |                                 |                      |                   |                     | RATE                   | FEE                    | 1        | RATE                | F                  |
| FOR         |  |   | NUMBER FILED          |                                 | NUMBER EXTRA         |                   |                     | BASIC FEE              |                        | OR       | BASIC FEE           | 95                 |
| 01          | AL CHARGEA   | BLE CLAIMS                                | / <b>0</b> minus 20 = |                                 | *                    |                   |                     | X \$ 9 =               |                        | OR       | X \$ 18 =           |                    |
| ND          | EPENDENT CL  | AIMS                                      | / minus 3 =           |                                 | *                    |                   |                     | X \$ 44 =              |                        | OR       | X \$ 88 =           |                    |
| IUI         | TIPLE DEPEN  | DENT CLAIM F                              | RESENT ·              | $\mathcal{N}$                   |                      |                   |                     | + \$ 150 =             |                        | OR       | + \$ 300 =          |                    |
| If          | the difference   | e in column 1 i                           | is less than ze       | ero, enter                      | "0" in               | column 2          |                     | TOTAL                  |                        | OR       | TOTAL               | 9:                 |
|             | · C  | LAIMS AS                                  | AMENDE                | MENDED - PART II                |                      |                   |                     |                        |                        |          | OTHER               | tha                |
| _           |  | (Column 1)                                |                       | (Colu                           |                      | (Column 3)        |                     | SMALL                  | ENTITY                 | OR       | SMALL               | ENTI               |
| AMENDMENT A |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID   | OUSLY                | PRESENT<br>EXTRA  |                     | RATE                   | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADI<br>TION<br>FE  |
|             | Total  | *   | Minus                 | **                              |                      | =                 |                     | X \$ 9 =               |                        | OR       | X \$ 18 =           |                    |
|             | Independent  | *   | Minus                 | ***                             |                      | =                 |                     | X \$ 44 =              | _                      | OR       | X \$ 88 =           |                    |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |                       |                                 |                      |                   |                     | + \$ 150 =             |                        | OR       | + \$ 300 =          |                    |
|             |  |   |                       | -                               |                      |                   |                     | TOTAL<br>ADDIT. FEE    |                        | OR       | TOTAL               |                    |
|             |  | (Column 1)                                |                       | (Colur                          | mn 2)                | (Column 3)        |                     | ADDIT. FEE             |                        |          | ADDIT. FEE          |                    |
| AMENDMENT B |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID   | EST<br>BER<br>DUSLY  | PRESENT<br>EXTRA  |                     | RATE                   | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADI<br>TION<br>FE  |
|             | Total  | *   | Minus                 | **                              |                      | =                 |                     | X \$ 9 =               |                        | OR       | X \$ 18 =           |                    |
|             | Independent  | *   | Minus                 | ***                             |                      | =                 |                     | X \$ 44 =              |                        | OR       | X \$ 88 =           |                    |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |                       |                                 |                      |                   |                     | + \$ 150 =             |                        | OR       | + \$ 300 =          |                    |
|             |  |   | _                     | TOTAL<br>ADDIT. FEE             |                      | or                | TOTAL<br>ADDIT. FEE |                        |                        |          |                     |                    |
|             |  | (Column 1)                                |                       | (Colun                          |                      | (Column 3)        | _                   |                        |                        | _        |                     |                    |
| AMENDMENT C |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUME<br>PREVICE<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA  |                     | RATE                   | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADD<br>TION<br>FEE |
|             | Total ·  | *   | Minus                 | **                              |                      | =                 | Ī                   | X\$9=                  |                        | OR       | X \$ 18 =           |                    |
|             | Independent  | *   | Minus                 | ***                             |                      | =                 | İ                   | X \$ 44 =              |                        | OR       | X \$ 88 =           |                    |
| `           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |                       |                                 |                      |                   |                     | + \$ 150 =             |                        | OR       | + \$ 300 =          | •                  |
|             |  |   |                       |                                 |                      | <u></u>           |                     | TOTAL<br>ADDIT. FEE    |                        | OR       | TOTAL<br>ADDIT. FEE |                    |
| ***         | If the entry in colu<br>If the "Highest Nu<br>If the "Highest Nu<br>The "Highest Nu⊓ | mber Previously P<br>mber Previously P    | aid For" IN THIS :    | SPACE is le<br>SPACE is le      | ess than<br>ess than | '20', enter "20". | ınd in ti           | ne <b>app</b> ropriate | box in colum           | n 1.     |                     |                    |